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This file contains CAS Registry Numbers for easy and accurate substance identification.

=> s mizoribine

L1 322 MIZORIBINE

=> s ll and immuno

14629 IMMUNO

L2 1 L1 AND IMMUNO

=> d 12 bib abs

- L2 ANSWER 1 OF 1 CAPLUS COPYRIGHT 2005 ACS on STN
- AN 1998:88327 CAPLUS
- DN 128:200735
- TI The synergistic effect of bactobolamine and tacrolimus in in vitro and in vivo experiments
- AU Watanabe, Kenshi; Kikuchi, Kenji; Ichikawa, Naoya; Ando, Yuichi; Meigata, Kazuhiko; Nishimura, Yoji; Nomura, Yuji; Degawa, Toshikazu; Beck, Yoshifumi; Tomikawa, Shinji; Nagao, Takeshi; Uchida, Hisanori
- CS Department of Organ Transplantation and Surgery, Institute of Medical Science, University of Tokyo, Tokyo, 108, Japan
- SO Surgery Today (1997), 27(12), 1160-1166 CODEN: SUTOE5; ISSN: 0941-1291
- PB Springer-Verlag Tokyo

DT Journal

LA English

AB The aim of this study was to examine the immuno-suppressive effect of bactobolamine (BBL) alone and in combination with tacrolimus (FK) using in vitro proliferation assays on human peripheral blood lymphocytes (PBLs) and in vivo liver allografts in rats. In the latter setting, the immuno-suppressive activity of BBL alone and in combination with FK was compared to that of mizoribine (MIZ). The interactions between BBL and FK and between MIZ and FK were assessed by the combination index (CI) proposed by Chou and Kahan. In the in vitro study, the combination of BBL and FK displayed stronger inhibitory effects on T-cell proliferation than when each drug was applied alone. The mean CI values for the BBL/FK combination were below 1.0, ranging from 0.19 to 0.86, indicating synergism between BBL and FK. In the in vivo study, 50-200 mg/kg/day BBL monotherapy significantly prolonged survival compared with a control group, and the effect was dose-dependent. Conversely, the efficacy of MIZ monotherapy at 2.5-10 mg/kg/day did not increase dose-dependently. The CIs for MIZ at doses of 2.5 and 5.0 mg/kg/day with FK 0.08 mg/kg/day were 0.48 and 0.42, resp., indicating therapeutic synergism between MIZ and FK. The CI for BBL 100 mg/kg/day with FK was 0.26, which indicated further synergism between BBL and FK.

RE.CNT 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD ALL CITATIONS AVAILABLE IN THE RE FORMAT

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FILE 'MEDLINE' ENTERED AT 16:36:57 ON 11 AUG 2005

FILE LAST UPDATED: 9 AUG 2005 (20050809/UP). FILE COVERS 1950 TO DATE.

On December 19, 2004, the 2005 MeSH terms were loaded.

The MEDLINE reload for 2005 is now available. For details enter HELP RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/

http://www.nlm.nih.gov/pubs/techbull/nd04/nd04 mesh.html

OLDMEDLINE now back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary.

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=> s "inosine monophosphate dehydrogenase" or "impdh"

7069 "INOSINE"

37455 "MONOPHOSPHATE"

128465 "DEHYDROGENASE"

249 "INOSINE MONOPHOSPHATE DEHYDROGENASE"

("INOSINE" (W) "MONOPHOSPHATE" (W) "DEHYDROGENASE")

263 "IMPDH"

407 "INOSINE MONOPHOSPHATE DEHYDROGENASE" OR "IMPDH"

=> s 13 and immuno 14400 IMMUNO

L3

## => d bib abs

- ANSWER 1 OF 1 L4MEDLINE on STN
- 97431100 MEDLINE AN
- PubMed ID: 9285199 DN
- Preliminary risk-benefit assessment of mycophenolate mofetil in transplant TIrejection.
- Simmons W D; Rayhill S C; Sollinger H W ΑU
- Department of Pharmacy, University of Wisconsin Hospital and Clinics, CS Madison, USA.. WD.SIMMONS@HOSP.WISC.EDU
- Drug safety: an international journal of medical toxicology and drug SO experience, (1997 Aug) 17 (2) 75-92. Ref: 68 Journal code: 9002928. ISSN: 0114-5916.
- CY New Zealand
- Journal; Article; (JOURNAL ARTICLE)  $\mathsf{DT}$ General Review; (REVIEW) (REVIEW, TUTORIAL)
- English LA
- Priority Journals FS
- 199710 EM
- Entered STN: 19971105 EDLast Updated on STN: 19971105
- Entered Medline: 19971022 Mycophenolate mofetil (the morpholinoethyl ester of mycophenolic acid) AB inhibits de novo purine synthesis via the inhibition of inosine monophosphate dehydrogenase. Its selective lymphocyte antiproliferative effects involve both T and B cells, preventing antibody Mycophenolate mofetil has immuno-suppressive effects formation. alone, but is used most commonly in combination with other immunosuppressants. Mycophenolate mofetil, in combination with cyclosporin and corticosteroids, has been studied in large, randomised clinical trials involving nearly 1500 renal allograft transplant recipients. These trials demonstrated that mycophenolate mofetil is significantly more effective in reducing treatment failure and acute rejection episodes than placebo or azathioprine. Additionally, mycophenolate mofetil may be able to reduce the occurrence of chronic rejection. Mycophenolate mofetil is relatively well tolerated. common adverse effect reported is gastrointestinal intolerance; haematological aberrations have also been noted. The reversible cytostatic action of mycophenolate mofetil allows for dose adjustment or discontinuation, preventing serious toxicity or an overly suppressed immune system. Cytomegalovirus tissue invasive disease and the development of malignancies are concerns that merit evaluation in long term follow-up studies. Mycophenolate mofetil does not cause the adverse effects typically associated with other commercially available immunosuppressant medications such as nephrotoxicity, hepatotoxicity, hypertension, nervous system disturbances, electrolyte abnormalities, skin disorders, hyperglycaemia, hyperuricaemia, hypercholesterolaemia, lipid disorders and structural bone loss. Based on preliminary information, a positive benefit-risk ratio has been demonstrated with the use of mycophenolate mofetil in the prophylaxis of rejection in cadaveric renal allograft transplantation. Data from studies in other types of organ transplants are promising, but are too limited to draw clear conclusions. Long term follow-up studies are required to confirm these observations. Although mycophenolate mofetil is expensive, the beneficial effects on the reduction of rejection, treatment failure and related expenses suggest that it is most likely to be cost effective.

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